09-08-2002 90127 014 ***550.00
P01000089167

2002 ~~UNIFORM BUSINESS REPORT~~ (UBR)

FILED

03 MAY -5 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-15-03-01048-012 $350.00

DOCUMENT # P01000089167

1. Entity Name
HOLLIS ENTERPRISES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
911 CHESTNUT STREET CLEARWATER FL 33756	1225 N.W MURRAY ROAD SUITE 208 PORTLAND OR 97229

2. Principal Place of Business	3. Mailing Address
2101 West SR #434	SAME
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State:
Zip: 32779 Country: USA	Zip Country

4. FEI Number: 93-1247420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Douglas L. Hollis 210 Villa Di Este Ter. #212 Lake Mary, FL. 32746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Glenna C. Hollis 210 Villa Di Este Ter. #212 Lake Mary, FL. 32746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)